

**Pre-Existing Condition Insurance Plan (PCIP)
Application Assistance Payment
RESEARCH REQUEST FORM**



INSTRUCTIONS

Please follow the guidelines listed below for Payment Research Requests:

- Payment research request(s) must be submitted by Enrollment Entities (EEs) or Insurance Agents/Brokers only.
- Contact applicant to verify eligibility before sending in payment request(s).
- FAX to (916) 673-4500, or MAIL to PCIP, 625 Coolidge Drive, Folsom, CA 95630.

Be sure to address request(s): Attention PCIP EE/CAA Liaison

ENROLLMENT ENTITY INFORMATION

Organization Name			
Authorized Contact			
Primary Phone		Fax	Email Address
Service Location Address		City	State/ZIP
CAA Name		CAA Number	EE Number

INSURANCE AGENT AND BROKER INFORMATION

Agent/Broker Name			
Street Address		City	
State	ZIP Code	Phone	Email Address
CA Agent/Broker License Number		Tax I.D./Social Security Number (Agent/Broker only)	

APPLICANT INFORMATION

APP ID	MN
Applicant First Name/Last Name	
Agent/EE Signature	Date

RESEARCH OUTCOME (FOR PCIP USE ONLY)

Date Received _____	Date Recorded _____	Date Due _____
STATUS		
<input type="checkbox"/> PAID	Date Paid _____	Check # _____
<input type="checkbox"/> PENDING	Pending Reason _____	
<input type="checkbox"/> DENIED	Denied Date _____	Denial Code _____
Response Type _____	Response Date _____	
Researched By _____	Completion Date _____	